Docket No.:	
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## DECLARATION AND POWER OF ATTORNEY UNDER 35 USC §371(c)(4) FOR PCT APPLICATION FOR UNITED STATES PATENT

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated below under my name;

I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought, namely the invention entitled:

DISCRIMINATION:

MEDIUM AND

DISCRIMINATION METHOD FOR DISCRIMINATING THE SAME

described and claimed in international application number PCT/JP2004/019525 filed December 27, 2004

I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations §1.56.

Under Title 35, U.S. Code §119, the priority benefits of the following foreign application(s) filed within one year prior to my international application are hereby claimed:

Japanese Patent Application No. 2003-433806 filed on December 26, 2003

The following application(s) for patent or inventor's certificate on this invention were filed in countries foreign to the United States of America either (a) more than one year prior to my international application, or (b) before the filing date of the above-named foreign priority application(s):

I hereby appoint the following as my attorneys of record with full power of substitution and revocation to prosecute this application and to transact all business in the Patent Office:

James A. Oliff, Reg. No. 27,075; William P. Berridge, Reg. No. 30,024; Kirk M. Hudson, Reg. No. 27,562; Thomas J. Pardini, Reg. No. 30,411; Edward P. Walker, Reg. No. 31,450; Robert A. Miller, Reg. No. 32,771; Mario A. Costantino, Reg. No. 33,565; and Caroline D. Dennison, Reg. No. 34,494.

ALL CORRESPONDENCE IN CONNECTION WITH THIS APPLICATION SHOULD BE SENT TO OLIFF & BERRIDGE, PLC, P.O. BOX 19928, ALEXANDRIA, VIRGINIA 22320, TELEPHONE (703) 836-6400.

I hereby declare that I have reviewed and understand the contents of this Declaration, and that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

	(Insert complete mailing address, including country)		Kanazawa-ku, Yokohama-shi, Kanagawa 236-0004 JAPAN			
	Post Office Address:		c/o NHK SPRING CO., LTD., 10, Fukuura 3-chome,			
Citi	zenship:	Japanese	City		State or Province	Country
Res	idence:		Yokoham	Month a-shi	Day Kanagawa	Year Japan
Dat	Inventor's Signature Date of Signature			June '	13	2006
Inv				Given Name	Middle Initial	Family Name
	ewritten Fi Sole or Firs	ull Name it Inventor		Hidekazu		HOSHINO

Note to Inventor: Please sign name on line 2 exactly as it appears in line 1 and insert the actual date of signing on line 3.

## IF THERE IS MORE THAN ONE INVENTOR USE PAGE 2 AND PLACE AN "X" HERE (I) (Discard this page in a sole inventor application)

1	Typewritten Full Name of Joint Inventor	Itsuo		TAKEUCHI			
		Given Name	Middle Initial	Family, Name /			
2	Inventor's Signature:	Itsus		Takenchi			
3	Date of Signature:	June	13	2006			
-	n. di	Month	Day Kanagawa	Year Japan			
	Residence:	Yokohama-shi					
	Citizenship: Japanese	City	State or Province	Country			
	Post Office Address	c/o NHK SPRING	G CO., LTD., 10, Fukuura 3-chome,				
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1	Typewritten Full Name of Joint Inventor						
2	Inventor's Signature:	Given Name	Middle Initial	Family Name			
3	Date of Signature:						
	Residence:	Month	Day	Year			
	Citizenship:	City	State or Province	Country			
	Post Office Address (Insert complete mailing address, including coun	3					
1	Typewritten Full Name of Joint Inventor		<del></del>				
		Given Name	Middle Initial	Family Name			
2	Inventor's Signature:						
3	Date of Signature:	36 4					
	Residence:	Month	Day	Year			
	Citizenship:	City	State or Province	Country			
	Post Office Address (Insert complete mailing address, including coun	3					
1	Typewritten Full Name of Joint Inventor		-				
2	Inventor's Signature:	Given Name	Middle Initial	Family Name			
3	Date of Signature:			·			
	Residence:	Month	Day	Year			
	Citizenship:	City	State or Province	Country			
	Post Office Address	:					
	(Insert complete mailing address, including coun	3					
				<del></del>			

Note to Inventor: Please sign name on line 2 exactly as it appears in line 1 and insert the actual date of signing on line 3.

This form may be executed only when attached to the first page of the Declaration and Power of Attorney of the application to which it pertains.